

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4				
6		4				
7		4				
8		4				
9		0				
10		0				
11		0				
12		0				
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42		0				
43		0				
44		0				
45		0				
46		0				
47	1	0				
48		0				
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	129					

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TOTAL CLAIMS						